

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000027774

Entity Name: FALL PROTECTION SOLUTIONS LLC

Current Principal Place of Business:

243 CAPRI ROAD
COCOA BEACH, FL 32931

Current Mailing Address:

243 CAPRI ROAD
COCOA BEACH, FL 32931

FEI Number: 45-1776149

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZ, SHANNON
243 CAPRI ROAD
COCOA BEACH, FL 32931 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------|-----------------|-----------------------|
| Title | MGR | Title | MGRM |
| Name | KATZ, SHANNON | Name | NORRIS, CHRISTOPHER P |
| Address | 243 CAPRI ROAD | Address | 243 CAPRI ROAD |
| City-State-Zip: | COCOA BEACH FL 32931 | City-State-Zip: | COCOA BEACH FL 32931 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANNON KATZ

MGR

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date